

Cyclical Performance Review

for

Local Education Agencies

(CPR for LEAs)

School Year 2005 - 2006



Tennessee Department of Education
Division of Special Education

TABLE OF CONTENTS

INTRODUCTION

| | |
|-----|------------------------------|
| I-A | OVERVIEW |
| I-B | TIMELINE |
| I-C | THE LOCAL STEERING COMMITTEE |

PRIORITY AREAS

FAPE IN THE Least Restrictive Environment (FLRE)

| | |
|----------|---|
| FLRE #1 | Regular High School Diplomas for youth with IEPs. |
| FLRE #2 | Dropouts for youth with IEPs. |
| FLRE #3 | State Assessments for Youth with IEPs. |
| FLRE #4 | Suspension / Expulsion for Youth with IEPs. |
| FLRE #5 | Instructional settings for Youth with IEPs. |
| FLRE #5a | Integration of Youth with IEPs in General Education. |
| FLRE #6 | Preschool settings for Youth with IEPs. |
| FLRE #7 | Preschool children - Accountability for Progress. |
| FLRE #8 | Parental involvement in school services. |
| FLRE #8a | Facilities that are comparable and accessible. |
| FLRE #8b | Local juvenile and adult correctional facilities and Youth with IEPs. |

DISPROPORTIONALITY (DISP)

- DISP #9** Disproportionate representation of racial and ethnic groups in special education.
- DISP #10** Disproportionate representation of racial and ethnic groups in specific disability categories.
- DISP # 10a** Disproportionate representation of racial and ethnic groups for the intellectually gifted.

EFFECTIVE GENERAL SUPERVISION (EGS)

- EGS/CF #11** Initial Evaluation Timelines.
- EGS/CF #11a** Reevaluation Timelines.
- EGS/CF #11b** Student record reviews and compliance with federal / state mandates.
- EGS/CF #11c** "Child find," "evaluation," and "provision of services".
- EGS/ET #12** IEPs developed by the third birthday.
- EGS/ET #13** IEPs that include appropriate, measurable post-secondary goals.
- EGS/ET #14** Youth with IEPs, no longer in secondary school, and competitively employed or enrolled in post-secondary school.

INTRODUCTION: Overview

Tennessee's Cyclical Performance Review for Local Education Agencies (CPR for LEAs) of Special Education programs is modeled after the federal Office of Special Education Programs (OSEP) process used to monitor state special education programs. This process is results-oriented and data-driven.

Tennessee's CPR for LEAs begins with a self-assessment which is completed by local school systems. The Self-Assessment is structured around Priority Areas and Indicators, with each Indicator supported by data sources used to measure status and progress.

Each School District receives guidance on data sources and analyzing and reporting data pertaining to each Indicator. School Districts also have the opportunity to describe current and planned efforts to improve performance for each Indicator.

In addition to the self-assessment, there are other components of Tennessee's CPR for LEAs. Local steering committees assist with efforts to disseminate information and validation visits, a form of on-site review, are conducted on a multi-year cycle. In comparison to previous state and federal monitoring efforts, the monitoring process is CONTINUOUS (as opposed to being episodic), is RESULTS ORIENTED (as compared to being technical/procedural), is PUBLIC AND PARTICIPATORY (through the use of a steering committee) and is DATA DRIVEN.

INTRODUCTION: Timeline

YEAR ONE (#1)

During the summer an announcement letter of participation is sent to the Director of Schools. Early in the school year an overview of the process is provided to all special education supervisors by the state department personnel. At the conclusion of this training, the “CPR for LEAs” (Cyclical Performance Review for Local Education Agencies) manual is presented to each supervisor. Supervisors, with assistance from state department personnel, provide training to local steering committee members. Technical assistance is provided by state department personnel throughout the process. Validation visits are conducted when the Self-Assessment is completed. Identified areas of need are addressed by means of a Program Improvement Plan (PIP). Steering committee members will review the Self-Assessment, which is a public document.

YEAR TWO (#2)

During the summer a letter of acceptance of the Self-Assessment is sent to the Director of Schools. On-site visits and/or desk audits are conducted to review Program Improvement Plans (PIPs). If PIPs are not implemented in accordance with approved timelines, sanctions may be applied. Possible sanctions may be: withholding the comprehensive plan, withholding state funds, and/or withholding school approval.

YEAR THREE (#3)

During the summer a letter is sent to the Director of Schools requesting that any Program Improvement Plans (PIPs) that are outstanding be completed and documentation provided to the TDOE according to timelines. A Reunion steering committee meeting is also held to review improvement actions taken. Sanctions may apply as in Year Two (#2). If all areas are completed satisfactorily, a written confirmation is sent to the Director of Schools verifying that no compliance issues are outstanding within the system and that the self assessment cycle is complete.

INTRODUCTION: The Local Steering Committee

School systems are strongly encouraged to complete the Self Assessment with input from a variety of sources. A special education department alone cannot fully implement the requirements of IDEA; therefore, collaboration between general and special education and the community is necessary for compliance. This committee will develop a snapshot of where the school system is, identify and address areas for targeted program improvement and establish a starting point to evaluate future progress.

Once the Steering Committee is formed each member will need to have a clear understanding of the monitoring process and IDEA requirements. They will then need to review what the school system is currently doing and what data is needed to support this. Finally, they will need to identify any IDEA requirements that are not being met and develop procedures to correct these areas. Based on the area of expertise of the committee members, it would be advisable to assign specific portions or sections of the Self Assessment to certain members for completion.

The size and composition of the committee is up to each LEA. However, the following are possible representatives to be considered:

Teachers – Regular and Special Education

Administrators – Regular and Special Education

Parents (Preferably at least two, non school employees, to represent elementary and secondary. Larger systems may also want a middle school representative.)

Students with disabilities

Assessment Personnel

Related Service Personnel

Paraprofessionals

Vocational Teachers – Voc. Rehab Staff

Agencies – TEIS, STEP, TPA, Head Start

School Board Members

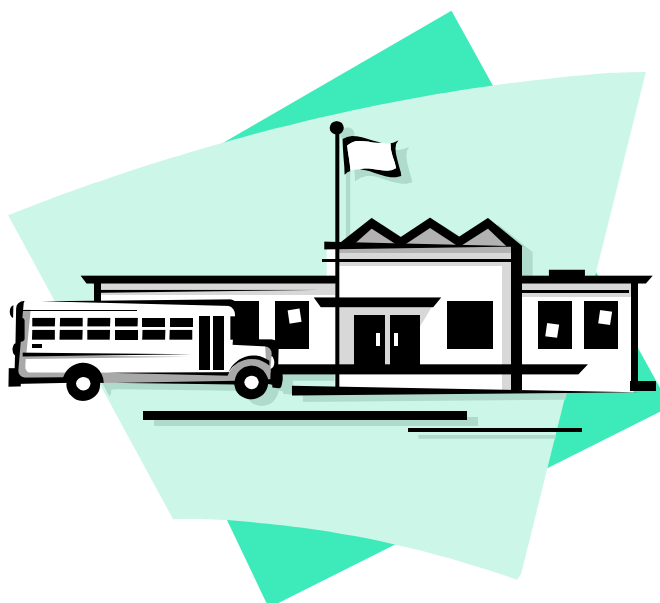
Community Members

`Free Appropriate Public Education in
the Least Restrictive Environment`

FAPE

IN THE

LRE



FLRE

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

| | |
|---|----------------------|
| Priority Area: FAPE IN THE LRE (FLRE) | |
| STATEWIDE FOCUS INDICATOR | |
| What is the percent* of youth with IEPs graduating from high school with a regular high school diploma compared to the *percent of all youths in the system graduating with a regular high school diploma? | |
| Comments: | |
| *Percent = <u>Line 1 plus line 4 totals</u> Line 1 through Line 7 totals (Data Source #1) | |
| * Percentage for all youths = Data Source #2 | |
| Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially". | |
| If no or partially, complete P.I.P. form provided in Appendices | |
| Required Data Sources | |
| 1. End of Year Table 4, Section B, Line B-Total or Report of Handicapped Children and Youth Exiting. 2. System Report Card 3. Staff Interview Summary Q #1 (Provided by TDOE) | |
| Authority: | |
| Federal – 2004 | TN Regs |
| 20USC 1412 (a) (15) | 0520-1-9-.13 (1) (b) |
| State Target 90% If state target is not met, answer the following and include results in development of a PIP. | |
| REGULAR HIGH SCHOOL DIPLOMA RATES | |
| 1. What steps are being taken to increase the rates of students with disabilities graduating with a regular high school diploma?. Address the following in your response: accommodations, access to the general curriculum, staff development/training, remedial education programs. 2. How does a student earn a regular high school diploma in your school system? List graduation requirements to obtain a regular high school diploma. 3. What remediation is offered to help students pass the gateway examinations? (i.e., purchase of special materials, learning labs, etc) | |
| Division Use Only | (APR) FLRE #1 |
| Date of Validation: _____ Reviewing Consultants: _____ | |
| Additional Info/Comments: | |

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of youth with IEPs dropping out of high school compared to the *percent of all youth dropping out of high school?

$$\frac{\text{Percent for youth with IEPs} = \text{Data Sources 1 and 2 (Line 7 total)}}{\text{Total 9-12}} \text{ percent for all youth} = \text{Data Source \#3}$$

| |
|---|
| If no or partially, complete P.I.P. form provided in Appendices |
|---|

1. End of Year Table 4, Section B, Line G (Total # of disabled students) – or Report of Handicapped Children and Youth Exiting
2. Total # of special education students in grades 9-12 for 04-05 school year (LEA determines source)
3. System Report Card (Drop out percentage for all students)

Federal - 2004

TN Regs

300.552(e)
300.308
0520-1-9-.03

DROP OUT RATES:

1. What measures are you taking to prevent drop-outs? Address the following areas in your response: attendance, diploma options, vocational and job prep programs, transition programs, behavior management, student involvement in the IEP process.
2. Do potential drop-outs receive any type of counseling? If so, describe the types of counseling offered.
3. Is training provided for staff members in recognizing potential drop-outs? If so, describe trainings offered.

(APR)

#2

Reviewing Consultant : _____

secyperrev05-06
ED-5026 (REV. 9/2005)
9/23/2005 page 8

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

STATEWIDE FOCUS INDICATOR

- A. How many schools in your system did not make AYP for students with disabilities? # = _____. % _____. List or attach a list of schools that did not make AYP.
- B. What are the "participation rates" in your system for students with disabilities on statewide assessment?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C1. What are the "proficiency rates" in your system for students with disabilities taking statewide assessments?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C2. What are the "proficiency rates" in your system for students taking alternate assessments (portfolio and ASA)?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____

Proficient = Proficient plus advanced/above

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources:

TDOE TCAP Achievement Reports (Provide reports for Questions A, B, and C)

Authority:

Federal – 2004

20USC 1412 (A) (15)

TN Regs

0520-1-9-.02

State Target A = NA State Target B = 95% State Target C = Same as NCLB proficiency rates

If targets are not met in any area, answer the following questions and include results in development of a PIP.

QUESTIONS for A: NONE

QUESTIONS for B:

What action steps have you implemented or will you implement to ensure that the participation rate for children with IEPs will increase?

QUESTIONS for C:

1. What action steps have you implemented or will you implement to ensure that the proficiency rate for children with IEPs will increase?

2. Have teachers and staff received training in the use of accommodations for children with IEPs? As applicable, have teachers and staff received training in the areas of Gateway standards and Alternate Assessments?

3. If teachers and staff are not adequately trained, what action steps will be implemented to ensure that teachers and staff are adequately trained?

Division Use Only

(APR)

FLRE

#3

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **FAPE IN THE LRE (FLRE)**

STATEWIDE FOCUS INDICATOR

- a. Is there a “significant discrepancy” in the rate of suspension/expulsion of students with disabilities for greater than 10 days in a school year within the school district? (Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)
- b. Is there a “significant discrepancy” in the rate of suspension/expulsion for greater than 10 days in a school year of children with disabilities by Race and Ethnicity? (Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. End of Year - Table 5, Section A, Column 3 (B and/or C) , Line 14 OR Report of Expelled, Suspended or Unilaterally Removed, column 3 total divided by total # of special education students on State Report Card = _____% special education suspension rate for all disability categories.
2. EOY – Table 5, Section B, Column 3 (B and/or C)Line 6 or Report of Expelled, Suspended or Unilaterally Removed (column 3 total)divided by total # of sped students on state report card = _____% sped suspension rate by race/ethnicity
3. System Report Card (Total number of students with disabilities).
4. Staff Interview Summary Q #2 (Provided by TDOE)

Authority:

| Federal – 2004 | TN Regs |
|--------------------|--------------|
| 20USC 1416 (a) (4) | 0520-1-9-.03 |
| 20USC 1412 (22) | 0520-1-9-.15 |

- a. Significant Discrepancy _____ b. Significant Discrepancy _____
- If discrepancy is exceeded, answer the following and include results in development of a PIP.

SUSPENSIONS/EXPULSIONS

1. Are disciplinary removals of students with IEPs from their current placements applied to the same extent as for students without IEPs?
2. If the LEA has not yet conducted a Functional Behavior Assessment and implemented a Behavior Intervention Plan, what actions are taken? (Include all steps)
3. If a student already has a BIP and an FBA has been completed, what steps may be taken to review and modify the plan as needed?
4. Do students who are suspended for more than 10 days continue to receive special education services and is an FBA conducted?

Division Use Only (APR) FLRE #4

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **FAPE IN THE LRE (FLRE)**

STATEWIDE FOCUS INDICATOR

What is the percent of children with IEPs age 6 through 21 years of age:

- A. Removed from regular class less than 21% of the day? _____% (Table 3, page 8, line (A) total/Grand total)
- B. Removed from regular class greater than 60% of the day? _____% (Table 3, page 8, line (C) total/Grand total)
- C. Served in either public/private separate schools or in residential placements? _____% (Table 3, page 8, lines (E, F, G) totals/Grand total)

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

- 1. Dec.1 Census Report, Table 3

Authority:

| Federal – 2004 | TN Regs |
|------------------------|--|
| 20USC 1416 (A) (3) (a) | 0520-1-9-.12 0520-1-9-.10 0520-1-9-.08 0520-1-9-.03 |

State Targets A ____% B ____% C ____%

If target is not met for any area, answer the following questions and include results in development of a 3 year PIP.

- 1. How many option 7 and above students are there in your school system? How many special education students are there in your system?
- 2. Are all placement options considered for all students with IEPs?

Division Use Only (APR) FLRE #5

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

CYCLICAL MONITORING INDICATOR

A. What number/percent of students with IEPs are enrolled in general curriculum classes in your system (i.e. inclusive, mainstream or integrated)? Percent = $\frac{\text{\# of sped students enrolled}}{\text{Total special education population}}$

B. What number/percent of students with IEPs are participating in extracurricular/non-academic activities (i.e. assemblies, lunch, homeroom, sports) with typical peers? Percent = $\frac{\text{\# of sped students participating}}{\text{Total special education population}}$

Comments:

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Required Data Sources

1. Option 6 – Census Report
2. Current Census of Option 7 or above.
3. Staff Interview Summary Q #3, #4, #5, #6, #7 (Provided by TDOE)
4. Current Homebound student Census Listing
5. Total special education population – System Report Card
6. Number of students with IEPs enrolled in general curriculum (LEA provides source)

Authority:

Federal – 2004

TN Regs

20USC 1416 (A) (3) (a)

0520-1-9-.12
0520-1-9-.10
0520-1-9-.08
0520-1-9-.03

State Target 70% (are enrolled in some type of inclusive or mainstreamed/integrated classes) for question "A" above only.

If target is not met for any area, answer the following questions and include results in development of a 3 year PIP.

1. Are all placement options considered for all students with IEPs?
2. What is your school system's philosophy on including students with the most severe disabilities in the general education settings?
3. Describe inclusion schedules of students who are removed more than 60% of the day.
4. Describe homebound services, including funding of staff and general education vs. special education services.

Division Use Only

(APR)

FLRE

#5a

Date of Validation: _____

Reviewing Consultants: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

STATEWIDE FOCUS INDICATOR

What is the percent of preschool children with IEPs who receive special education and related services in settings with typically developing peers (e.g. early childhood settings and home)?

Comments:

_____ % (percent = # from Table 8 divided by total # of preschool children with an IEP)

Refer to this percentage in a narrative response.

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. EOY Table 8, Section B, No. 4
2. Staff Interview Summary Q #8 (Provided by TDOE)

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (3) (A)

0520-1-9-.03 (2)(k)(5)
0520-1-9-.12

State Target _____ %

If target is not met, answer the following questions and include the results in the development of a PIP.

1. If preschool children with IEPs in your system are primarily receiving special education and related services in an Early Childhood Special Education Setting or other setting without typically developing peers, what opportunities could you provide for their participation (even part-time) with typically developing peers?
2. Is there a regular education preschool, Head Start, or private daycare facility that your system could utilize for integrating students through reverse mainstreaming, etc?
3. If classes for preschool children with IEPs are located in regular elementary schools, what could you do to provide greater opportunities for typically developing peer interaction that has not already been offered?

Division Use Only

(APR)

FLRE

#6

Date of Validation: _____ Reviewing Consultants: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

What is the percent of preschool children with IEPs who:

- a. demonstrate positive social-emotional skills(including social relationships) _____%
- b. acquire and use knowledge and skills (including early language/communication and early literacy) and _____%
- c. demonstrate appropriate behaviors to meet their needs? _____%

Comments:

Percentages are derived from TDOE Data Sheet A2a.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Pre-School Staff Assurance Survey Tally– TDOE Data Sheet A2a

Authority:

Federal - 2004

TN Regs

20 USC 1416 (a) (2) (A) & (a) (4)

(State Targets: a = _____%; b. = _____%; c. = _____%)

If targets are not met for any area, answer the following and include results in development of a PIP.

1. Is an assessment tool for preschool children with IEPs utilized that measures proficiency in the following domains:
 - (a) social-emotional development (including social relationships) Yes____No____
 - (b) cognition Yes____No____
 - self-help Yes____No____
 - communication Yes____No____
 - (c) behavior Yes____No____
2. Is the assessment tool used before and after service?
 - (i.e. pre/posttests or for initial evaluations/re-evaluations) Yes____No____
3. How will the results of the Assurance Survey be utilized for improvement efforts?

Division Use Only

(APR)

FLRE

#7

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

What is the percent of parents with a child receiving special education services who report that the school system facilitated parent involvement as a means of improving services and results for children with disabilities?

Comments:

The sampling method: 1. Send Survey home to all parents of exceptional students. 2. Allow 2 weeks response time. 3. Summarize those returned in response to the above indicator.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Parent Survey Tally - TDOE form A3a

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (4)

State Target = 90% "Agree" (If the system tally for question 1 of the Survey is below 90% "Agree", calculate response percentages for each of the other survey questions. Include the subject matter of all of these questions with an "Agree" rate below 90% in PIP targets.)

Division Use Only

(APR)

FLRE

#8

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: FAPE IN THE LRE (FLRE)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

Are facilities that serve students with disabilities comparable and accessible?

Comments:

All "No's" from facility form TDOE Data Sheet A4 should be justified /explained in this response. If "No's" cannot be justified, write a Program Improvement Plan (PIP).

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

TDOE Data Sheet - (A4 Facilities)

Authority:

Federal - 2004

34 CFR 104.21-22
20 USC 1404

TN Regs

0520-1-9-.08 (8) (a, b, c)

State Target 100%

Division Use Only

(Not Direct APR)

FLRE

#8a

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

DO NOT ANSWER / THIS INFORMATION WILL BE COLLECTED BY THE DIRECTOR OF JUVENILE SERVICES AND / OR THE INCARCERATED YOUTH COMPLIANCE CONSULTANT PER THEIR INSTRUCTIONS

Priority Area: FAPE in the LRE(FLRE)

Do eligible youth with disabilities in local juvenile and adult correctional facilities receive FAPE and are they offered the same rights under IDEA as children and youth with disabilities served by public agencies?

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Data to be identified by TDOE Director of Juvenile Services

Authority:

Federal - 2004

TN Regs

300.300

0520-1-9-.08

State Target _____

Division Use Only

(Not Direct APR)

FLRE

#8b

Date of Validation: _____

Reviewing Consultants: _____

Additional Info/Comments:

DISPROPORTIONALITY



DISP

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

| | |
|--|----------------|
| Priority Area: DISPROPORTIONALITY (DISP) | |
| STATEWIDE FOCUS INDICATOR | |
| <p>What is the percent of disproportionate representation of racial and ethnic groups in each special education and related service setting that is the result of inappropriate identification.</p> <p>Comments:</p> | |
| <p>Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially".</p> <p>If no or partially, complete P.I.P. form provided in Appendices</p> | |
| Required Data Sources | |
| 1. TDOE Disproportionality Report (Provided by TDOE) | |
| Authority: | |
| Federal – 2004 | TN Regs |
| 20USC 1416 (A) (3) (C) AND 20USC 1418 (D) | |
| <p>State thresholds are 2 and .5 for 04-05.</p> <p>If state thresholds are not met, answer the following question and include results in the development of a PIP.</p> <p>INTERVENTIONS: Is there a disparity between what is being provided to minority students versus what is being provided for non- minority students? Yes _____ / No _____ (If Yes, address in PIP)</p> <p>EVALUATION: <i>Are different criteria used to evaluate minority students compared to non-minority students?</i></p> <p>Yes _____ / No _____ (If Yes, address in PIP.)</p> <p>PLACEMENT: <i>Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)</i></p> | |
| Division Use Only | (APR) DISP #9 |
| <p>Date of Validation: _____ Reviewing Consultant: _____</p> <p>Additional Info/Comments:</p> | |

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **DISPROPORTIONALITY (DISP)**

STATEWIDE FOCUS INDICATOR

What is the percent of disproportionate representation of racial and ethnic groups in "special disability categories" that is the result of inappropriate identification.

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal - 2004

TN Regs

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

State thresholds are 2 and .5 for 04-05.

If state target is not met, answer the following question and include results in the development of a PIP.

INTERVENTIONS: Is there a disparity between what is being provided to minority students versus what is being provided for non-minority students? Yes _____ / No _____ (If Yes, address in PIP)

EVALUATION: *Are different criteria used to evaluate minority students compared to non-minority students?*

Yes _____ / No _____ (If Yes, address in PIP.)

PLACEMENT: *Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)*

Division Use Only

(APR)

DISP

#10

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

DO NOT ANSWER Unless Instructed to do so by your Compliance Consultant

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **DISPROPORTIONALITY (DISP)**

STATEWIDE FOCUS INDIATOR

Analyze the system's ratio of disproportionate representation of racial and ethnic groups identified as "intellectually gifted" that is the result of inappropriate child find and identification. Include the actual ratio in your response

Comments: When requested, LEAs reply to this area as a separate indicator as TN includes "intellectually gifted" in its exceptionally categories for special education eligibility.

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal - 2004

TN Regs

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

State Ratio's/Threshold are ____ and ____)

If these ratio's are not met answer the following question in order to determine improvement needs and strategies.

1. **ASSESSMENT** a. Describe procedures for screening – both grade level and individual for potential placement in gifted programs.
b. Describe comprehensive special education as well as general education evaluations for giftedness.
2. Describe alternative assessment procedures for placement in special education as well as general education gifted programs.
3. Discuss numbers of students eligible (evaluated and placed) for gifted education services in special education as well as general education programs.
4. How many students are receiving gifted services through special education programs and through general education programs?

Division Use Only

(APR)

DISP

#10a

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

EFFECTIVE GENERAL SUPERVISION



EGS

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)**

CYCLICAL MONITORING INDICATOR for COMPLIANCE

What is the percent of children, with parental consent to evaluate, who were evaluated and eligibility determined within 40 school days?

Comments: **Include the total number of records reviewed as well as the number not meeting the 40 day timeline, if any, in your response.**

Indicator Achieved: **Yes / No / Partially (Circle one)** If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Data Sheet A5a - Section C, Line 5.
2. Staff Interview Summary Q #9 (Provided by TDOE)

Authority:

| Federal – 2004 | TN Regs |
|--|--------------|
| 20USC 1414 (a) (1) 20USC 1416 (a) (3) (B) | 0520-1-9-.05 |

State Target = 100%

If state target is not met, answer the following and include results in the development of a PIP.

1. Identify reasons that your system is not meeting 40 day timelines for evaluations and eligibility determinations.
2. What can be done to remedy this problem?

Division Use Only (Not Direct APR) EGS/CF #11

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)**

CYCLICAL MONITORING INDICATOR for COMPLIANCE

Do children receive timely re-evaluations within 3 years of previous eligibility determination?

Comments:

- *1. Provide a "Reevaluation Due" listing at TDOE on-site visit, as requested.
- 2. Inactivate these students from the Special Education Census.
- 3. Reactivate students on the Special Education Census when reevaluations are complete and provide Eligibility Report to your TDOE Compliance Consultant.

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

- 1. TDOE Data Sheet A5a, Section E, Line 7
- 2. Special Education Listing of Re-evaluations Due*
- 3. Staff Interview Summary Q #10, #11 (Provided by TDOE)

Authority:

| Federal – 2004 | TN Regs |
|------------------------|------------------------|
| 20USC 1414 (a) (2) (B) | 0520-1-9-.02, .03, .05 |

State Target = 100%

If state target is not met, answer the following and include results in the development of a PIP.

- 1. Identify reasons that your system is not meeting the 3 year reevaluation timelines for eligibility determination.
- 2. What can be done to remedy this problem?

| | | | |
|-------------------|------------------|--------|------|
| Division Use Only | (Not Direct APR) | EGS/CF | #11a |
|-------------------|------------------|--------|------|

Date of Validation: _____ Reviewing Consultant:: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: **EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)**

CYCLICAL MONITORING INDICATOR for COMPLIANCE

Do student record reviews support compliance with federal and state requirements for IEPs, evaluations and eligibility procedures?

Comments:

*A PIP will be required for all items identified through student record reviews that have 10% or more minus rates. For item C, Line 5 on TDOE form A5a results will be reported on indicator EGS/CF #11. For item E Line 7 on TDOE Data A5a form results will be reported on indicator EGS/CF #11a.

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. *TDOE Summary Forms A5a, A6a
2. Staff Interview Summary Q #12 (Provided by TDOE)
Note: If the response rate to any one interview question is below 80% write a PIP for that area.
3. Easy IEP Comparability Chart (Results to be provided by TDOE)
4. Option 6 – Census Listing

Authority:

Federal - 2004

USC1400 (c)(5)(E)

TN Regs

0520-1-9-.03
TCA 49-6-3004

Division Use Only

(Not Direct APR)

EGS/CF

#11b

Date of Validation: _____ Reviewing Consultant _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

| | |
|--|--|
| Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF) | |
| CYCLICAL MONITORING INDICATOR for COMPLIANCE | |
| Are efforts for "child find," "evaluation," and "provision of services" coordinated? | |
| Comments: Response should include how your distribution of media announcements flyers and brochures attempts to reach families of children who are homeless, wards of the state, attending private schools, highly mobile or advancing from grade to grade even though lacking adequate progress. | |
| Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially". | |
| If no or partially, complete P.I.P. form provided in Appendices. | |
| Required Data Sources | |
| 1. Contracts (for services to students served outside the LEA) 2. Local Interagency Agreements, if any 3. Contact with private school officials and parents of parentally placed private school and home schooled children. (Contact should include: explanation of child find process, determination of proportionate amount available for special education services, and explanation of why specific services are not provided, and signed affirmation of this consultation). 4. End of Year Report (Table 8, Section A) "Child Find Report" (Provided by TDOE) 5. Sample copy of media announcement, flyer, or brochure utilized for child find. (Note: this item could possibly be combined with item 3 above) 6. Distribution List for #5 above | 7. "Failed" Screenings Follow Up Documentation (Vision/hearing) 8. System Report Card – Demographics Page (If over 18% or under 12% special education population explain in response.) 9. LEA Professional Staff Interview Q #13, #14, #15 |
| Authority: | |
| Federal - 2004 | TN Regs |
| 20USC1412(a)(3)(A) 20USC1412(a)(A)(ii) "No" Child Left Behind" Act of 2002 | 0520-1-9-.02 0520-1-9-.03 0520-1-9-.04 0520-1-9-.05 0520-1-9-.08 (2)(a) |
| No State Target | |
| Division Use Only | (Not Direct APR) EGS/CF #11c |
| Date of Validation: _____ Reviewing Consultant _____ | |
| Additional Info/Comments: | |

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

What is the percent of children referred by Part C prior to age 3 and found eligible for Part B who have an IEP developed by their third birthday?

Comments:

To calculate percentage:

a. # of children who have been served in Part C and referred to Part B for eligibility determinations. (EOY Report Table 8, Sec. B, Line 1-Total)

b. # of those referred and determined NOT eligible by their third birthday. _____ (Provide source of numbers)

c. # of those found eligible who have an IEP developed and implemented by their 3rd birthday. (EOY Report Table 8, Sec. B, Line 2a)

*Percent for indicator response = c divided by (a – b) times 100 = _____ %

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. End of Year Table 8, Section B, Lines 1 and 2a

Authority:

| Federal - 2004 | TN Regs |
|------------------------|--------------|
| 20USC 1416 (a) (3) (b) | 0520-1-9-.03 |
| 20USC 1437 (a) (9) | 0520-1-9-.08 |

State Target 100%

If target is not met, answer questions below and include results in the development of a PIP.

1. Explain why students referred and found to be eligible did not have an IEP written and signed by their 3rd birthday.
2. What steps can the system take to increase the percentage of students being served by their 3rd birthday?

Division Use Only

(APR)

EGS/ET

#12

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

What is the percent of youth age 16 and above with an IEP that includes appropriate, measurable post-secondary goals and transition service that will reasonably enable the student to meet post secondary goals?

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. High School Transition Plan Checklist Tally A 9a (To be provided by TDOE)
2. LEA Professional Staff Interview Q #16, #17, #18 (Provided by TDOE)
3. HS Transition Plan Checklists (A9)

Authority:

| Federal – 2004 | TN Regs |
|---|--------------|
| 20USC 1416 (a) (3) (B) and 20USC 1402 (34) | 0520-1-9-.11 |

State Target = % A PIP target step will be required for any line of the transition plan checklist with a 5% exception rate (TDOE will complete tally).

If state target is not met, answer the following and include results in the development of a PIP.

1. What areas of transition provide the most need for training in your system?
2. Who could best provide training in these areas for your system? (i.e. local staffer outside trainers)
3. How can students in your system be better prepared for employment or post-secondary schooling in the future?

| | | | |
|-------------------|-------|--------|-----|
| Division Use Only | (APR) | EGS/ET | #13 |
|-------------------|-------|--------|-----|

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2004-2005

CURRENT SCHOOL YEAR IS 2005-2006

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

CYCLICAL MONITORING INDICATOR for COMPLIANCE

Provide response in Year 2 and Year 3 of cycle, refer to results of survey in the response

What is the percent of youth who had IEPs, and are no longer in secondary school who have been competitively employed, enrolled in some type of post secondary school, or both, within one year of leaving high school?

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

PROVIDE IN YEAR TWO

1. TDOE Data Sheet - Post School Follow Up Survey Tally Sheet A10c
2. Description of successful exits to post secondary schooling or employment. (a minimum of 3)

Authority:

| Federal - 2004 | TN Regs |
|--|--------------|
| 20USC 1416 (a) (4) and 20USC 1416 (a) (2) (A) | 0520-1-9-.11 |

(State Target = ____%)

If target is not met, answer the following questions and include the results in the development of a PIP.

1. Per the survey, was a relationship found between transition planning and post-secondary activities? If no, please explain.
2. Were students assisted by linking them to any needed post-school adult services, supports or programs? If no, please explain.
3. How will the results of this survey be used to influence future transition planning?

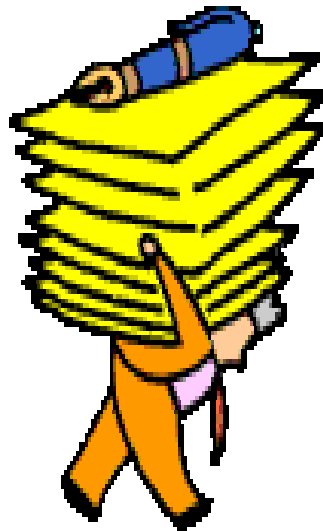
Division Use Only (APR) EGS/ET #14

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

“Appendices”

of the Self Assessment



APPENDICES:

- A1 Program Improvement Plan (P.I.P.) Form
- A2 Pre School Assurance Survey
- A2a Pre School Assurance Survey Tally
- A3 Parent Survey
- A3a Parent Survey Tally Sheet
- A4 Facilities / Accessibility Checklist
- A5 Evaluation and Procedural Safeguards Data Form
- A5a Evaluation and Procedural Safeguards Summary Form
- A6 IEP Data Form
- A6a IEP Data Summary Form
- A7 Disability Components Reference Sheet (Effective prior to July 1, 2002)
- A8 Disability Components Reference Sheet (Effective after July 1, 2002)
- A9 High School Transition Plan Checklist
- A9a High School Transition Plan Checklist Tally
- A10 Post School Follow Up Survey – Demographics Data and Sample Table
- A10a Post School Follow Up Survey Instructions
- A10b Post School Follow Up Survey
- A10c Post School Follow Up Survey Tally Sheet
- A11 Local Steering Committee Invitees
- A12 Local Steering Committee Participants
- A13 Exit Conference Agenda Year #1
- A14 Reunion Steering Committee Meeting Agenda Year #3

Program Improvement Plan (P.I.P.)

LEA _____

A. Monitoring Priority: FLRE, DISP, EGS
(Please circle one)

Page # _____

B. Indicator (Re-state indicator to be improved)

C. Targets (Number each and give measurement timelines)

D. Summary of Improvement activities completed for the Targets above. Include any progress or slippage (regression) that occurred. (This section due at follow-up visit, second year of monitoring.)

TDOE USE ONLY

Results/Date Reviewed _____

By _____

Results/Date Reviewed _____

By _____

Results/Date Reviewed _____

By _____

Results/Date Reviewed _____

By _____

PRESCHOOL ASSURANCE SURVEY
Demographic Data

School System _____ Survey Completed By _____ (Teacher/Case Manager)

School _____ Date _____

Consider this survey as it relates to the current year and current classes. Do not count children in kindergarten. This form should be completed by the preschool teacher OR case manager.

Number of All Preschool Children in Class _____ This question only applies to teachers.

*Number of Preschool Children with IEPs in Class _____ This question only applies to teachers.

(a) # of Preschool Children with IEPs who transitioned from Part C during this school year and are currently in your class _____ This question applies to teachers and case managers. Case managers should provide this information for the child (children) being assessed with this survey.

(b) # of Preschool Children with IEPs identified by Child Find/Screening/Other who are currently in your class _____ This question applies to teachers and case managers. Case managers should provide this information for the child (children) being assessed with this survey.

*NOTE: (a) + (b) should equal Total Number of Preschool Children with IEPs .

PRESCHOOL ASSURANCE SURVEY

Purpose: To improve accountability for preschoolers' progress
(FLRE #7)

THIS SURVEY SHOULD BE COMPLETED in December, 2005 (or later)

Instructions for the Survey

List the Preschool Children with IEPs you have served FOR AT LEAST 6 MONTHS, and highlight those who came from Part C programs. Answer each question listed below with Yes, No or NA and use codes 1-6 to explain measurements for each question. Use additional pages as needed, before final "Totals" completed.

Questions

- Q1. Does the child demonstrate positive social-emotional skills (including social relationships)?
 Q2. Does the child acquire and use knowledge and skills (including early language/communication and early literacy)?
 Q3. Does the child demonstrate appropriate behaviors to meet his/her needs?

Measurements Codes:

| | |
|---|--|
| Published Assessment (Code 1), | Progress Reports (Code 2), |
| Teacher Observation/Checklist (Code 3), | Case Manager/Professional/Expert Judgment (Code 4), |
| Family Survey (Code 5), | Other (code 6)-Identify/Explain in the Explanation Section). |

| Name | Age | Q1 | | | Q2 | | | Q3 | | | Measurement of Q1, Q2, Q3. Use Any or All Codes (1-6) |
|---------------|-----|-----|----|-----|-----|----|-----|-----|----|-----|---|
| | | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |
| Totals | | | | | | | | | | | |

PRESCHOOL ASSURANCE SURVEY TALLY

School System _____ Tally Completed By _____ (LEA Representative)

Question 1 = Total Yes = _____ % (Yes Percentage)

Total Yes + No + NAs

(Preschool children with IEPs who demonstrate positive social-emotional skills – including social relationships)

Question 2 = Total Yes = _____ % (Yes Percentage)

Total Yes + No + NAs

(Preschool children with IEPs who acquire and use knowledge and skills – including early language/communication and early literacy)

Question 3 = Total Yes = _____ % (Yes Percentage)

Total Yes + No + NAs

(Preschool children with IEPs who demonstrate appropriate behaviors to meet his/her needs)

ADDITIONAL EXPLANATION of “Other”-(CODE 6) if needed _____

PARENT SURVEY
(FLRE #8)

School System _____ Date Completed _____

School _____

PARENTS: This is survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select disagree or agree, You may skip any item that you feel does not apply to you or your child.

School's Efforts to Partner with Parents

| Questions | Disagree | NA | Agree | NA |
|---|----------|----|-------|----|
| 1. The school system encourages parent involvement as a means of improving services and results for children with disabilities. | | | | |
| | | | | |
| 2. At the IEP meeting, we discussed how my child would participate in statewide assessments | | | | |
| 3. At the IEP meeting, we discussed accommodations and modifications that my child would need. | | | | |
| 4. My Child's evaluation report is written in terms I understand. | | | | |
| 5. Teachers and administrators ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents). | | | | |
| 6. The school communicates regularly with me regarding my child's progress on IEP goals. | | | | |
| 7. The school offers parents training about special education issues. | | | | |
| 8. The School provides information on agencies that can assist my child in the transition from school. | | | | |
| 9. The school explains what options parents have if they disagree with a decision of the school. | | | | |

Quality of Services

| Questions | Disagree | NA | Agree | NA |
|---|----------|----|-------|----|
| 10. My Child's IEP tells how progress towards goals will be measured. | | | | |
| 11. My child is taught in regular classes, with supports, to the maximum extent appropriate. | | | | |
| 12. Special education teachers make accommodations and modifications are indicated on my child's IEP. | | | | |
| 13. General education teachers' accommodations and modifications are indicated on my child's IEP. | | | | |
| 14. General education teachers' work together to assure that my child's IEP is being implemented. | | | | |
| 15. The principal does everything possible to support appropriate special education services in the school. | | | | |

**PARENT SURVEY
(FLRE #8)**

| Questions | Disagree | NA | Agree | NA |
|--|----------|----|-------|----|
| 16. The school provides my child with all the services documented on my child's IEP. | | | | |
| 17. The school offers students without disabilities and their families, opportunities to learn about students with disabilities. | | | | |
| 18. The school ensures that after-school and extracurricular activities are accessible to students with disabilities. | | | | |

Impact of Special Education Services on Your Family

| Questions | Disagree | NA | Agree | NA |
|--|----------|----|-------|----|
| 19. Over the past year, special education services have helped me and/or my family to understand how the special education system works. | | | | |
| 20. Over the past year, special education services have helped me and/or my family to understand my child's special needs. | | | | |

Parent Participation

| Questions | Disagree | NA | Agree | NA |
|--|----------|----|-------|----|
| 21. I ask my child to talk about what he or she is learning in school. | | | | |
| 22. I communicate to my child that it is important to do well in school. | | | | |
| 23. I meet with my child's teacher(s) to plan my child's program services. | | | | |
| 24. I participate in school sponsored activities. | | | | |
| 25. I participate in the school's PTA (Parent Teacher Association) or PTO (Parent Teacher Organization). | | | | |
| 26. I attend training session's relation to the needs of children with disabilities and their families. | | | | |

PARENT SURVEY TALLY
(FLRE #8)

School System _____ Date Completed _____

Total Surveys Sent _____ Total Surveys Returned _____ Total Percentage Returned _____

INSTRUCTIONS: Calculate the system tally for question 1 of the survey only. If the "agree" response is 90% or above, the state target has been met and No PIP will be required. Tallies of other survey questions will not be required.

If the system tally for question #1 is less than 90% "agree" the state target has not been met and you must proceed to tally all other survey questions. The subject matter of each question with a tally below 90% "agree" (or above 10% "disagree") will be used as targets in a PIP.

School's Efforts to Partner with Parents

| Question | Disagree | Agree | Total Responses |
|---|--------------------|--------------------|-----------------|
| 1. The school system encourages parent involvement as a means of improving services and results for children with disabilities. | # _____ % _____ | # _____ % _____ | # _____ |
| | | | |
| 2. At the IEP meeting, we discussed how my child would participate in statewide assessments | # _____ % _____ | # _____ % _____ | # _____ |
| 3. At the IEP meeting, we discussed accommodations and modifications that my child would need. | # _____ % _____ | # _____ % _____ | # _____ |
| 4. My Child's evaluation report is written in terms I understand. | # _____ % _____ | # _____ % _____ | # _____ |
| 5. Teachers and administrators ensure that I have fully understood the Procedural Safeguards (the rules in federal law that protect the rights of parents). | # _____ % _____ | # _____ % _____ | # _____ |
| 6. The school communicates regularly with me regarding my child's progress on IEP goals. | # _____ % _____ | # _____ % _____ | # _____ |
| 7. The school offers parents training about special education issues. | # _____ % _____ | # _____ % _____ | # _____ |

PARENT SURVEY TALLY
(FLRE #8)

School System _____ Date Completed _____

School's Efforts to Partner with Parents

| Question | Disagree | Agree | Total Responses |
|--|--------------------|--------------------|-----------------|
| 8. The School provides information on agencies that can assist my child in the transition from school. | # _____ % _____ | # _____ % _____ | # _____ |
| 9. The school explains what options parents have if they disagree with a decision of the school. | # _____ % _____ | # _____ % _____ | # _____ |
| 10. My Child's IEP tells how progress towards goals will be measured. | # _____ % _____ | # _____ % _____ | # _____ |
| 11. My child is taught in regular classes, with supports, to the maximum extent appropriate. | # _____ % _____ | # _____ % _____ | # _____ |
| 12. Special education teachers make accommodations and modifications are indicated on my child's IEP. | # _____ % _____ | # _____ % _____ | # _____ |
| 13. General education teachers' accommodations and modifications are indicated on my child's IEP. | # _____ % _____ | # _____ % _____ | # _____ |
| 14. General education teachers' work together to assure that my child's IEP is being implemented. | # _____ % _____ | # _____ % _____ | # _____ |
| 15. The principal does everything possible to support appropriate special education services in the school. | # _____ % _____ | # _____ % _____ | # _____ |
| 16. The school provides my child with all the services documented on my child's IEP | # _____ % _____ | # _____ % _____ | # _____ |
| 17. The school offers students without disabilities and their families, opportunities to learn about students with disabilities. | # _____ % _____ | # _____ % _____ | # _____ |

PARENT SURVEY TALLY
(FLRE #8)

School System _____ Date Completed _____

Quality of Services

| Question | Disagree | Agree | Total Responses |
|---|--------------------|--------------------|-----------------|
| 18. The school ensures that after-school and extracurricular activities are accessible to students with disabilities. | # _____ % _____ | # _____ % _____ | # _____ |

Impact of Special Education Services on Your Family

| Question | Disagree | Agree | Total Responses |
|--|--------------------|--------------------|-----------------|
| 19. Over the past year, special education services have helped me and/or my family to understand how the special education system works. | # _____ % _____ | # _____ % _____ | # _____ |
| 20. Over the past year, special education services have helped me and/or my family to understand my child's special needs. | # _____ % _____ | # _____ % _____ | # _____ |

Parent Participation

| Question | Disagree | Agree | Total Responses |
|--|--------------------|--------------------|-----------------|
| 21. I ask my child to talk about what he or she is learning in school. | # _____ % _____ | # _____ % _____ | # _____ |
| 22. I communicate to my child that it is important to do well in school. | # _____ % _____ | # _____ % _____ | # _____ |
| 23. I meet with my child's teacher(s) to plan my child's program services. | # _____ % _____ | # _____ % _____ | # _____ |
| 24. I participate in school sponsored activities. | # _____ % _____ | # _____ % _____ | # _____ |
| 25. I participate in the school's PTA (Parent Teacher Association) or PTO (Parent Teacher Organization). | # _____ % _____ | # _____ % _____ | # _____ |
| 26. I attend training session's relation to the needs of children with disabilities and their families. | # _____ % _____ | # _____ % _____ | # _____ |

FACILITIES/ACCESSIBILITY CHECKLIST
FLRE #11

Page 1 of

Reply with Yes, No, or NA. Justify all "No's" in the indicator response or write a Program Improvement Plan (PIP).

School System : _____ **Reviewer:** _____ **Date:** _____

| <i>School</i> | <i>Sp. Ed. Facilities Comparable</i> | <i>Parking Spaces Provided and Marked</i> | <i>Loading/ Unloading for Disabled is Obvious</i> | <i>Building Access Obvious</i> | <i>Curb Cuts Exist</i> | <i>Ramps/ Elevators Provided (where needed)</i> | <i>Water- fountains Accessible</i> | <i>Restroom Accessible</i> | <i>*Physically Disabled Students Present</i> | <i>Appropriate Areas Accessible</i> | <i>Library Accessible</i> | <i>Cafeteria Accessible</i> |
|---------------|--|---|---|--|--------------------------------|---|--|--------------------------------|--|---|-------------------------------|---------------------------------|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |

**If no physically disabled student is present, do not complete rest of form, unless-this is only school in LEA of this grade level grouping.*

**INSTRUCTIONS FOR
EVALUATION / PROCEDURAL SAFEGUARDS
And IEP DATA SHEETS**

Comprehensive student file reviews should be completed and submitted to the Tennessee Department of Special Education during your system's self assessment. This should be a representative sample of student records by disability, grade level, school and special education teacher or related service provider. The most practical way to ensure this representative sample is to request the review of two records from each special education teacher or service provider.

Complete the *Evaluation & Procedural Safeguards Data Sheet (A5)** and *Individualized Educational Program Data Sheet (A6)* for each student file reviewed. Each line is scored with a plus (+), minus (-), or NA. An explanation of each minus should be provided in the comments section of the appropriate line. Highlight all minuses and record them on Tally Sheets, (A5a and A6a) along with the total number of files reviewed.

In determining whether or not any Evaluation or IEP components require inclusion in a Program Improvement Plan(PIP), please note the following: All minuses (-) recorded on sheets A5 & A6 are transferred to a total "Tally" on forms A5a & A6a. Upon completion, determine which items (minuses) total 10% of the total records reviewed.

Example: On "Student's Strengths" Form A6, Page 1 line 1, the total of minuses was fifteen (15), and the total records reviewed for the system was 150. Therefore, this item requires inclusion in a "Program Improvement Plan" because 15 minuses is 10% of the total 150 records reviewed.

Evaluation & Procedural Safeguards Data Form

Completed by _____

School System _____

School _____

Student _____

Grade _____ Date _____

Check the type of file reviewed:

Homebound _____ State Custody _____ Foster Care _____ Contracts _____

All others: _____

| | | LEA Only | TDOE Only | COMMENTS (Required for each minus) |
|-----------|---|----------|-----------|------------------------------------|
| A. | EVALUATION DATA - Eligibility Report | +/- /NA | +/- /NA | |
| 1 | Record Access available | | | |
| 2 | Current Eligibility Report - Date: _____ | | | |
| 3 | Primary Disability Stated : _____ | | | |
| 4 | Ruled out Lack of: Reading / Math / LEP | | | |
| 5 | Educ. Relevant medical findings reported | | | |
| 6 | Eval. Results documented w/documentation attached | | | |
| 7 | All those involved in assessment signed (2+) | | | |
| 8 | Student's disability adversely affects performance | | | |
| 9 | IEP team members signed (3+ professionals) | | | |
| 10 | Parent Received copy of eval. used in this eligibility | | | |
| B. | Initial evaluation - Date: _____ | | | |
| 1 | Parent input | | | |
| 2 | Current classroom based assessment | | | |
| 3 | Current classroom based observation | | | |
| 4 | Teachers/related service providers observations | | | |
| 5 | Validate disability standards met | | | if (-) what's missing? |
| C. | Procedural Safeguards (Initial Evaluation) | XXXXXXXX | XXXXXXXX | |
| 1 | Prior Written Notice for assessment Date: _____ | | | |
| 2 | Notice and consent for evaluation Date: _____ | | | |
| 3 | Consent for initial placement (IEP) Date: _____ | | | |
| 4 | Prior Written Notice for placement Date: _____ | | | |
| 5 | Verify 40 school days - Consent recv'd to plcmnt (2+3) | | | |
| D. | Behavior assessment/Behavior Intervention Plan If needed | | | |

| | | LEA Only | TDOE Only | COMMENTS (Required for each minus) |
|-----------|---|------------------|---------------|------------------------------------|
| E. | Re-evaluation Summary Date: _____ | | | |
| 1 | Review Previous Data | | | |
| 2 | Current classroom-based assessment | | | |
| 3 | Re-evaluation determination | | | |
| | a. No additional assessment required | | | |
| | b. Yes, requires additional assessment, if yes, do c. | | | if (-) what's missing? |
| | c. Validate disability standards met | | | |
| 4 | Current parent input | | | |
| 5 | Current classroom-based observations | | | |
| 6 | Teachers / related service providers observations | | | |
| 7 | Current Re-evaluation within 3 years of previous date. | | | Date of previous _____ |
| F. | Procedural Safeguards (reevaluation) | XXXXXXX | XXXXXX | |
| 1 | Prior Written Notice (PWN)for re-eval. Date: _____ | | | (if additional testing is needed) |
| 2 | Consent for re-evaluation or doc. of effort. | | | (If Additional Testing Needed) |
| 3 | Prior Written Notice for Change of Placement. | | | |
| G. | Invitation to a Meeting (Review the most current invitation) | XXXXXXXXX | XXXXXX | |
| 1 | Parent invited | | | |
| 2 | Student invited(at age 14 or earlier, if appropriate) | | | |
| 3 | Transition box checked (at 14 or earlier, if appropriate) | | | |
| 4 | Invitation at least 10 days prior to meeting | | | |
| | | | | |

EVALUATION & PROCEDURAL SAFEGUARDS DATA SUMMARY

School System _____ Date _____ Completed by _____

*Total System Files Reviewed by LEA _____ X 10% = _____ (this number of minuses is the "exception rate")

Total System Files Reviewed by TDOE _____

Totals for the following:

| | | |
|---------------|-----------|----------|
| Foster Care | Homebound | Contract |
| State Custody | | Other |

Number of Each Disability Category Reviewed

| | | |
|---------------------------|---------------------------|----------------------------------|
| A Autism | F Deaf Blind | K Hearing Impairment |
| B Developmentally Delayed | G Emotional Disturbance | L Functionally Delayed |
| C Intellectually Gifted | H Mental Retardation | M Multiple disabilities |
| D Orthopedic Impairment | I Other Health Impairment | N Specific Learning Disabilities |
| E Speech Language | J Traumatic Brain Injury | O Visual Impairment |

Note: Record all minuses from individualized records review forms (A5's) into the boxes below. The lines with a 10% or more minus rate are considered exceptions. These should be addressed in a Program Improvement Plan (PIP) on the appropriate corresponding indicator.

| | | | | | | | | | | | | | | |
|---|------|-------|---------|-------|-------|---------|------|-------|---------|------|-------|----------|------|-------|
| A. Evaluation Data – Eligibility Report (to indicator EGS/CF #11b) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | Line #4 | | | Line #5 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| Line #6 | | | Line #7 | | | Line #8 | | | Line #9 | | | Line #10 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| B. Initial Evaluation (to indicator EGS/CF #11) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | Line #4 | | | Line #5 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| C. Procedural Safeguards (Initial Evaluation) (to indicator EGS/CF #11) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | Line #4 | | | Line #5 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| D. Behavior assessment/Behavior Intervention Plan if Needed (to indicator EGS/CF #11b) | | | | | | | | | | | | | | |
| Line #1 | | | | | | | | | | | | | | |
| LEA | | TDOE | | TOTAL | | | | | | | | | | |

EVALUATION & PROCEDURAL SAFEGUARDS DATA SUMMARY

Page 2

School System _____ Date _____ Completed by _____

| | | | | | | | | | | | | | | |
|--|------|-------|---------|------|-------|---------|------|-------|----------|------|-------|----------|------|-------|
| E. Re-Evaluation Summary Date (to indicator EGS/CF #11a) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | Line #3a | | | Line #3b | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| Line #4 | | | Line #5 | | | Line #6 | | | Line #7 | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | |
| F. Procedural Safeguards (Re-evaluation) (to indicator EGS/CF #11b) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | | | | |
| G. Invitation to a Meeting (to indicator EGS/CF #11b) | | | | | | | | | | | | | | |
| Line #1 | | | Line #2 | | | Line #3 | | | Line #4 | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | |

Individualized Educational Program Data Form

Completed by _____

School System Name _____ School _____

Student _____ Grade _____ Date _____

Check the type of file reviewed:

Homebound _____ State Custody _____ Foster Care _____ Contracts _____ Option 6 _____

All others: _____

Date of IEP _____ Current Yes ____ No _____

| | | | + / - /NA | + / - /NA | COMMENTS (required for each minus) |
|-------|----|--|-----------|-----------|---|
| | | | LEA Only | TDOE Only | |
| Pg. 1 | 1 | Student's strengths | | | |
| | 2 | Parent's concerns | | | |
| | 3 | Disability affects | | | |
| Pg. 2 | 1 | Area(s) Assessed | | | |
| | 2 | Present levels of performance | | | |
| | 3 | Sources of Information | | | |
| | 4 | Date - Sources of Information | | | |
| | 5 | Exceptional' indicated | | | |
| | 6 | Pre-Vocational/Vocational | | | |
| | 7 | Consideration of Special Factors | | | |
| Pg 3 | 1 | Comprehensive Vocational Assessment Administered | | | (Optional – Based on IEP Team Decision) |
| | 2 | Desired Post School Outcomes (by age 14) | | | |
| | 3 | Transition Service Needs | | | |
| | 4 | Transition Services (by age 16) | | | |
| | 5 | Needs: Yes / No | | | |
| | 6 | Activities and Strategies | | | |
| | 7 | Agency responsibilities | | | |
| | 8 | Agency Participation and System Contact | | | |
| | 9 | Student pref/interests documented (if not in attendance) | | | |
| Pg. 4 | 1 | Area of Need | | | |
| | 2 | Personnel/Position Responsible | | | |
| | 3 | Annual Goal | | | |
| | 4 | Benchmarks/Short-Term Instructional Objectives | | | |
| | 5 | Anticipated Beginning Dates | | | |
| | 6 | Criteria For Mastery | | | |
| | 7 | Methods of Evaluation | | | |
| | 8 | Actual Date and Results | | | |
| | 9 | Report of Progress | | | |
| | 10 | Supplemental Aids / Services | | | |
| | 11 | Program Modifications for school personnel | | | |
| | 12 | Date Progress Report sent to Parents | | | |

Individualized Educational Program Data Form

Page 2

| | | | + / - /NA LEA Only | + / - /NA TDOE Only | COMMENTS(required for each minus) |
|-------|---|---|-----------------------|------------------------|--|
| Pg. 5 | 1 | LEA Only | TDOE Only | xxxxx | |
| | | a. accommodations / modifications | | | |
| | 2 | State/District Mandated Assessments – Participation | | | |
| | 3 | Accommodations for TCAP Assessments | | | |
| | 4 | Participation in TCAP Alt | | | |
| | 5 | Special Education and Related Services | xxxxx | xxxxx | |
| | | a. service code | | | |
| | | b. Sessions per week | | | |
| | | c. Time per session | | | |
| | | d. Hours per week | | | |
| | | e. Begin and End Dates | | | |
| | | f. Location | | | |
| | 6 | Total Regular Hours per week | | | |
| | 7 | Total Special Education Hours per week | | | |
| Pg. 6 | 1 | LRE and General education | xxxxx | xxxxx | |
| | | a. will not participant in regular class | | | |
| | | b. extra curriculum and non-academic activities | | | |
| | | c. Home school | | | |
| | 2 | Special transportation was considered | | | |
| | 3 | Extended School Year was considered | | | Provided: Yes _____ No _____ |
| | 4 | IEP Participants: | xxxxx | xxxxx | |
| | | a. Parent | | | |
| | | b. LEA Representative | | | |
| | | c. Special Education Teacher of the child | | | |
| | | d. Regular Education Teacher of the child | | | |
| | | e. Student Involvement by age 14 | | | |
| | | f. Interpreter of Evaluation Results | | | |
| | 5 | Informed Parental Consent | | | (Incl. Lgl Parent, Rgts Gvn, Permiss. Rgts @ 17) |
| | 6 | IEP/Rights given to parent when absent & LEA person responsible | | | |
| | 7 | IEP reviewed by other teachers not in attendance | | | |

Individualized Educational Program Data Summary

School System _____ Date _____ Completed by _____

*Total System Files Reviewed by LEA _____ X 10% = _____ (this number of minuses is the "exception rate")

*Total System Files Reviewed by TDOE _____

Totals for the following:

| | | |
|---------------|-----------|----------|
| Foster Care | Homebound | Contract |
| State Custody | Option 6 | Other |

Note: Record all minuses from individualized records review forms (A6's) in the appropriate boxes below. The lines with a 10% or more minus rate are considered exceptions. These should be addressed in a Program Improvement Plan (PIP) for indicator FLRE #11b unless instructed to address them elsewhere.

Page 1

| Area #1 | | | #2 | | | #3 | | | | | |
|---------|------|-------|-----|------|-------|-----|------|-------|--|--|--|
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | |

Page 2

| Area #1 | | | #2 | | | #3 | | | #4 | | | #5 | | |
|---------|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #6 | | | #7 | | | | | | | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | | | | | | | |

Page 3

| Area #1 | | | #2 | | | #3 | | | #4 | | | #5 | | |
|---------|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #6 | | | #7 | | | #8 | | | #9 | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | |

Page 4

| Area #1 | | | #2 | | | #3 | | | #4 | | | #5 | | |
|---------|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|-----|------|-------|
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #6 | | | #7 | | | #8 | | | #9 | | | #10 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #11 | | | #12 | | | | | | | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | | | | | | | |

Individualized Educational Program Data Summary Page 2

School System _____ Date _____ Completed by _____

Page 5

| Area #1 | | | #1a | | | #2 | | | #3 | | | #4 | | |
|------------|-------------|--------------|------------|-------------|--------------|-----|------|-------|-----|------|-------|-----|------|-------|
| LEA XXX | TDOE XXX | TOTAL XXX | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #5 | | | #5a | | | #5b | | | #5c | | | #5d | | |
| LEA | TDOE | TOTAL | LEA XXX | TDOE XXX | TOTAL XXX | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #5e | | | #5f | | | #6 | | | #7 | | | | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | | | |

Page 6

| Area #1 | | | #1a | | | #1b | | | #1c | | | #2 | | |
|------------|-------------|--------------|------------|-------------|--------------|-----|------|-------|-----|------|-------|-----|------|-------|
| LEA XXX | TDOE XXX | TOTAL XXX | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #3 | | | #4 | | | #4a | | | #4b | | | #4c | | |
| LEA | TDOE | TOTAL | LEA XXX | TDOE XXX | TOTAL XXX | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #4d | | | #4e | | | #4f | | | #5 | | | #6 | | |
| LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL | LEA | TDOE | TOTAL |
| #7 | | | | | | | | | | | | | | |
| LEA | TDOE | TOTAL | | | | | | | | | | | | |

DISABILITY VALIDATION REFERENCE SHEET #1
(Use with Student Record Reviews as needed)

Effective Prior to July 1, 2002

Effective Prior to July 1, 2002

2.2 Mental Retardation 1994

Intellectual assess. = or <68/70
 Adaptive behavior-Home (Parent / Caretaker)
 Adaptive Behavior - School

2.3 Speech / Language Impaired

Hearing Screening
 School history & levels of functional education. performance
 Oral peripheral. (not required for Language)

Document ONE of the following:

1. Language - Rec./Expr./Perc.
 2. Artic. - Tests/Phoneme/Analysis
 3. Voice Imp.-Analysis/Otolarynx/exam
 4. Fluency-Meas./Att. scale/Anecd. rec
- Observation (can be informal)

2.4 Hearing Impairment / Deafness

Audiological evaluation
 Speech / Language evaluation
 School history / educational performance

Document ONE of the following:

1. Impaired communication
 2. Impaired academic performance
 3. Delayed language development
- Observation

2.5 Visual Impairment

Exam by Optometrist or Ophthalmologist
 Functional vision assessments which include:
 - Observation of visual behaviors (school, home, other)
 - Educational implications of eye condition
 - Communication and/or compensatory skills
 - School history & levels of educational performance
 - Evaluation of reading & writing skills

Evaluation of current & future needs for Braille

Document ONE of the following:

- a. Relying on senses other than sight to obtain info.
- b. Visual acuity 20/200 in better eye - visual field subtends angle no greater than 20 degrees
- c. Distant vision acuity of 20/50 or less in better eye
- d. Near visual acuity of 20/50 or less in better eye
- e. Central vision field loss (both eyes)
- f. Ocular disorder from defects
- g. Ocular disorder from disease
- h. Progressive sight loss

2.6 Orthopedic Impairment

Medical evaluation by physician
 Social & physical adapt behavior
 School history & levels of functional learning or ed. perform.
 Observation

DISABILITY VALIDATION REFERENCE SHEET #1
(Use with Student Record Reviews as needed)

Effective Prior to July 1, 2002

Effective Prior to July 1, 2002

2.7 Traumatic Brain Injury

Medical evaluation by physician
Social & physical adaptive behavior
School history & educational performance

2.8 Other Health Impairment

1. Medical evaluation by physician
2. Social & physical adapt. behavior
3. School history & educational. performance
4. Observation

2.9 Autism

Parent interview incl. developmental history
Behavior observations - 2 settings
Physical & Neurological Information 1. Physical impairments
Speech / Language
Adaptive behavior
Functional educational needs
Intelligence as appropriate Assessment: (Speech Lang. Specialist, licensed Physician, & Psychologist)

2.10 Specific Learning Disability

Intellectual assess. IQ _____
Individual Achievement test
Discrepancy - Formula / Override
Doc. of override justification
Observation - 1 regular / 1 other
Ruled out - 5 areas

1. Environment, Cultural & Economic disadvantaged
2. Mental Retardation
3. Emotional Disturbance
4. Insufficient Teaching
5. Physical / Sensory handicaps

2.11 Emotional Disturbance

Ruled out: Vision/Hearing problems
Ruled out: Medical problems
Previous educational interventions
Behavioral observations (2)
Intellectual assessment
Personality assessment
Rule out cultural differences
Functional education/Assessment & review of past educational performance
Social history
Review of past educational performance
Document ONE of the following:

1. Inability to learn
2. Inappropriate relationships
3. Inappropriate behavior
4. Unhappy or depressed
5. Physical symptoms / fears

DISABILITY VALIDATION REFERENCE SHEET #1
(Use with Student Record Reviews as needed)

Effective Prior to July 1, 2002

Effective Prior to July 1, 2002

2.12 Multiple Disabilities

Evaluated by procedures for each disability & meets criteria for 2 or more severe impairments
Documentation of inability to benefit from Services designed for only one impairment. Assessment team includes person designated for each disability indicated. **FLRE p. 26**

2.13 Developmental Delay

Observation by professional or parent interview
All 5 areas must be assessed – AND Document TWO if 1 1/2 SD or 25% delay (or) Document ONE if 2 SD or 40% delay
1. Physical development
2. Cognitive development
3. Communication development
4. Social / Emotional development
5. Adaptive development
Assessment 3 - (Parent plus 2 professionals)

2.14 Functionally Delayed

Intellectual assessment \geq 2 SD below the mean
Academic Achievement at 4th percentile or less in 2 areas:
a. Basic Reading
b. Reading comprehension
c. Math computation
d. Math reasoning
e. Written expression
Standardized Adapt. Behavior - School/**Home** (above MR level)

2.15 Intellectually Gifted 1994

Observation
(Document Two of the following Three)
Intellectual assess. IQ _____
(127 or above)
Achievement - 96th percentile
Superior Abilities Ideas Projects
Assess. 3 (teacher, psychologist & certified gifted teacher)

2.15 Intellectually Gifted 2001

Referral for Individual Screening
Response to Individual Screening
Assessment Instrument Selection Form
General Education Document of classroom intervention
Assessed in ALL FOUR (4) areas
Meets criteria in options 1a, 1b, 2, or 3

Cognitive functioning assessment

Document:
Physical impairments
Cognitive impairments
Social-behavioral-emotional impairments
Observation

Disability Components Reference Sheet #2
(Use with Student Record Reviews as needed)

Effective After July 1, 2002

Effective After July 1, 2002

| | |
|------------------|----------------------------------|
| LEA _____ | SY Completed: _____ |
| Autism | Evaluation shall include: |

- 1) Parent Interview / includes developmental history
- 2) Behavioral Observations – 2 settings
- 3) Phys & Neuro Information from a licensed physician, pediatrician or neurologist.
- 4) Evaluation of speech / language, communication, cognitive, developmental, adaptive behavior and social skills.
- 5) Documentation of how autism spectrum disorder adversely affects educational performance in the general education classrooms.

| | |
|-----------------------|----------------------------------|
| Deaf Blindness | Evaluation shall include: |
|-----------------------|----------------------------------|

- 1) Procedures for hearing impairment / deafness & visual impairment/Blindness.
- 2) Evaluation of suspected degenerative condition which leads to deaf/blindness shall include:
 - Medical statement
 - Procedures for hearing, impairment/deafness & visual impairment/blindness
- 3) Evaluation of deaf – blindness shall include
 - Eye exam by ophthalmologist or optometrist
 - Functional vision and media assessment
 - Audiological assessment
 - Documented observation of auditory functioning
 - Speech/language assessment (includes mode of communication)
 - Developmental & academic functioning assessment
 - Document of how deaf blindness adversely affects educational performance in the general education classroom.

| | |
|-----------------|----------------------------------|
| Deafness | Evaluation shall include: |
|-----------------|----------------------------------|

- 1) Audiological evaluation
- 2) Speech/Language performance evaluation
- 3) School history & levels of educational performance
- 4) Observation of classroom performance
- 5) Documentation of how deafness adversely affects educational performance in the general education classroom.

| | |
|----------------------------|----------------------------------|
| Developmental Delay | Evaluation shall include: |
|----------------------------|----------------------------------|

- 1) Documentation of identifiable atypical development
- 2) Individually administered measurement of developmental skills
- 3) For eligibility past 7th birthday, a comprehensive psycho-education a/ evaluation
- 4) Observation of developmental strengths and needs
- 5) Observation in a natural environment (i.e. school, childcare settings, home, community) to document delayed or atypical development.
- 6) Parent interview to confirm strengths and needs
- 7) Review of existing records
- 8) Documentation of how Developmental Delay adversely affects the educational performance in the general education classroom

| | |
|------------------------------|----------------------------------|
| Emotional Disturbance | Evaluation shall include: |
|------------------------------|----------------------------------|

- 1) Ruling out visual or auditory deficits as cause of atypical behavior
- 2) Ruling out physical conditions as cause of atypical behavior
- 3) Behavior data, include previous interventions
- 4) Observations – direct and anecdotal by three(3) professionals
- 5) Psycho educational assessment (intelligence, behavior, personality)
- 6) Individual education assessment (criterion or norm reformed)
- 7) Review of past educational performance
- 8) Comprehensive social history from parent/guardian
- 9) Documentation of how emotional disturbance adversely affects educational performance in the general education classroom

Disability Components Reference Sheet #2
(Use with Student Record Reviews as needed)

Effective After July 1, 2002

Effective After July 1, 2002

Functionally Delayed

Evaluation shall include:

- 1) Intellectual function (2 or more standard deviations below the mean)
- 2) Academic Achievement at or below 4th percentile in two or more of the following areas: basic reading, reading comprehension, math calculation, math reasoning, written expression.
- 3) Home or school adaptive behavior (if the MR level, will not qualify)
- 4) Documentation of adverse effect of FD on educational performance in effect general education classroom

Hearing Impairment

Evaluation shall include:

- 1) Have at least one of the following characteristics: inability to communicate effectively, impaired academic performance, delayed speech and/or language development
- 2) Audiological evaluation
- 3) Speech/language assessment
- 4) School history and levels of educational performance
- 5) Observation of classroom performance
- 6) Documentation of how hearing impairment adversely affects educational performance in general education classroom

Intellectually Gifted

Evaluation shall include:

- 1) Systematic child find and individual screening in the areas of academic performance, creative thinking and academic achievement if needed
- 2) Team review of individual screening results
- 3) Referral for individual comprehensive assessment based on individual screening information and shall include: evaluation of intellectual ability, academic performance, creative thinking and achievement
- 4) Evaluation procedures shall be completed in all four component areas.
- 5) Documentation of how IG adversely affects educational performance in the general education classroom

Mental Retardation

Evaluation shall include:

- 1) Intellectual functioning (must be two or more standard deviations below the mean).
- 2) Adaptive behavior in the home or community (must be two(2) standard deviations below the mean).
- 3) Adaptive behavior in the school (by systematic observation and any individualized instrument when appropriate).
- 4) Norm or Criterion referenced measure of academic achievement.
- 5) Relevant Observation(s).
- 6) Developmental history indicating delays (birth to age 18).
- 7) Documentation of how MR adversely affect educational performance in the general education classroom.

Multiple Disabilities

Evaluation shall include:

- 1) Procedures for each suspected disability and meet standards for two or more.
 (Unable to benefit from services and supports designed for only one of the disabilities)

Orthopedic / Physical Impairment

Evaluation shall include:

- 1) Medical evaluation by licensed physician
- 2) Social and physical adaptive behaviors (related to orthopedic impairment)
- 3) Observations of classroom performance
- 4) Documentation of how O.I. adversely affects educational performance in general education classroom.
- 5)

Other Health Impairments

Evaluation shall include:

- 1) Medical evaluation from a licensed physician
- 2) Comprehensive developmental or educational assessment (which assess the following: pre-academic or academic functioning, adaptive behavior, social/emotional development, motor or communication skills.)
- 3) When assessment indicates significant deficits in cognitive/academic functioning, psycho-educational evaluation should be considered
- 4) Documentation of how OHI adversely affects the educational performance in general classroom.

Disability Components Reference Sheet #2
(Use with Student Record Reviews as needed)

Effective After July 1, 2002

Effective After July 1, 2002

Specific Learning Disabilities

Evaluation shall include:

- 1) Assessment of cognitive ability (IQ)
- 2) Assessment of academic achievement
- 3) Supportive data in the identified deficit academic area(s) from group or individually administered achievement tests, criterion referenced tests, or curriculum/performance based assessment.
- 4) Two valid and reliable measures in the area of the suspected cognitive processing disorder(s).
- 5) 2 documented observations, indirect by the child's general education teacher, direct by a professional other than the person providing the indirect observation.
- 6) Parent input, and child input as appropriate
- 7) Documentation that learning problems are not due to: lack of instruction in reading and math; limited English proficiency; visual , hearing or motor impairment; mental retardation; emotional disturbance; environmental, cultural or economic disadvantage; motivational factors or situational traumas
- 8) Documentation of how SLD adversely affects educational performance in general education classroom.

Note: There should be a discrepancy between educational performance and predicted achievement based on the best measure of cognitive ability defined by at least 1.5 Standard Error of the Estimate Units (SEe's) when utilizing regression-based discrepancy analyses.. or documentation of RIT – systems using RIT will have (approved) and on file.

Speech / Language Impairment

{Evaluation shall include}

Speech/Language impairment shall be determined through the demonstrations of impairments in the areas of language, articulation, voice, and fluency

- 1) Language impairment – A significant deficiency which is not consistent with the student's chronological age in one or more of the following areas:
 - a. deficiency in receptive language skills to gain information:
 - b. a deficiency in expressive language skills to communicate information
 - c. a deficiency in processing (auditory perception) skills to organize information
- 2) Speech Impairment
 - a. Articulation Impairment – significant deficiency in ability to produce sounds in conversational speech which is not consistent with chronological age.
 - b. Voice Impairment – an excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
 - c. Fluency Impairment – Abnormal interruption the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.
- 3) The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment.
- 4) Speech/language deficiencies identified cannot be attributed to characteristics of second language acquisitions and /or dialectical differences.

Traumatic Brain Injury

Evaluation shall include:

- 1) Appropriate medical statement from a licensed physician
- 2) Parent/caregiver interview
- 3) Educational history and current levels of performance
- 4) Functional assessment of cognitive/communicative abilities
- 5) Social adaptive behaviors which relates to TBI
- 6) Physical adaptive behaviors which relates to TBI
- 7) Documentation of how TBI adversely affects educational performance in the general education classroom.

Visual Impairment

Evaluation shall include:

- 1) Ophthalmologist or optometrist exam documenting eye condition with the best possible correction.
- 2) Written functional vision and media assessment which includes:
 - Observation of visual behaviors at school, home, etc.
 - Educational implications of eye condition
 - Assessment and/or screening of expanded core curriculum skills
 - School history and levels of educational performance
 - Documentation of how VI adversely affects the educational performance in the general education classroom

*** All categories must include documented parental input, current classroom based assessment and current classroom based observations.**

**INSTRUCTIONS FOR
HIGH SCHOOL TRANSITION PLAN CHECKLIST
(for EGS/ET #13)**

Instructions for LEAs

1. Each teacher in the LEA will review the transition plans of all students he/she serves who is 16 years of age or older. (This is in addition to the random review of two complete records)
2. Each teacher will complete the “High School Transition Plan Checklist” (A9), and staple a copy of the transition plan and transition goal sheets to the checklist.
3. The LEA will have ALL “Transition Plan Checklists” (A9) available for the TDOE Compliance Consultant during the record review visit.
4. The TDOE Compliance Consultants will use the chart below to determine the number of transition plan reviews which will be validated. **LEAs DO NOT USE THIS CHART**

Note:

TDOE validation results will be used for determining items to be included in the PIP. Attainment of the state target will be based on the results of the LEA review.

Validation Chart

| <u>Number of students aged 16 and older</u> | <u>Number to Validate</u> |
|---|--|
| <u>1-20</u> | <u>All</u> |
| <u>21-55</u> | <u>50%</u> |
| <u>56-80</u> | <u>30%</u> |
| <u>81-125</u> | <u>20%</u> |
| <u>126-175</u> | <u>15%</u> |
| <u>176-250</u> | <u>10%</u> |
| <u>251</u> | <u>7%</u> |
| <u>350-500</u> | <u>5%</u> |
| <u>501-700</u> | <u>4%</u> |
| <u>701-1,000</u> | <u>3%</u> |
| <u>>1,000</u> | <u>2% OR # to be determined by Compliance Consultant</u> |

HIGH SCHOOL TRANSITION PLAN CHECKLIST

Completed by _____

School System _____

School _____

Student _____

Date _____

A. *When a purpose of the IEP meeting is the consideration of transition services:*

| LEA | | | | TDOE | |
|-----|-----|----|--|------|----|
| 1. | Yes | No | Did the public agency invite the student? | Yes | No |
| 2. | Yes | No | If the student did not attend the IEP meeting, did the public agency take steps to ensure that the student's strengths preferences and interests were considered in the development of the IEP? (If the student attended the meeting, indicate N/A [Not Applicable].) | Yes | No |
| | N/A | | | | |
| 3. | Yes | No | Did the public agency invite a representative of any other agency that is likely to be responsible for providing or paying for transition services? | Yes | No |
| 4. | Yes | No | If an agency was invited to send a representative to a meeting and did not do so, did the public agency take other steps to obtain his or her participation in the planning of transition services? (If the agency attended the meeting, indicate N/A [Not Applicable].) | Yes | No |
| | N/A | | | | |

B. *If the student is 16 (or younger, if appropriate):*

| <u>LEA</u> | | | | <u>TDOE</u> | |
|------------|-----|----|---|-------------|----|
| 1. | Yes | No | Does the IEP include a statement of needed transition services? | Yes | No |
| 2. | Yes | No | The transition plan directly relates to the student's desired post school outcomes. | Yes | No |
| 3. | Yes | No | The transition plan is individualized. | Yes | No |
| 4. | Yes | No | The transition plan reflects the planning of courses that relate to the student achieving their post-school outcomes. | Yes | No |
| 5. | Yes | No | The activities in the statement of needed transition services are presented as a coordinated set of activities that promotes movement from school to desired post-school activities? | Yes | No |
| 6. | Yes | No | Do the transition services reflect co-ordination of the plan and activities among school, student, family, other agencies, and post school programs, services and supports? | Yes | No |
| 7. | Yes | No | Is there a coordinated set of activities that is based on the individual student's needs, taking into account the student's preferences and interests (Desired Post School Outcomes)? | Yes | No |

HIGH SCHOOL TRANSITION PLAN CHECKLIST

Completed by _____

School System _____

School _____

Student _____

Date _____

- | | | | | | |
|----|-----|----|---|-----|----|
| 8. | Yes | No | Are any interagency responsibilities or any needed linkages identified? (i.e., linkages to agencies or services the student needs)? | Yes | No |
| 9. | Yes | No | Has the statement of transition service needs and statement of needed transition services been reviewed at least annually? | Yes | No |

C. Agency responsibilities

LEA

TDOE

- | | | | | | |
|----|-----|----|--|-----|-----|
| 1. | Yes | No | Are all activities/strategies that are the responsibility of special education and which are to be implemented this year reflected in goal sheets? | Yes | No |
| | | | | | |
| | | | N/A | | N/A |
| 2. | Yes | No | Does the student transition plan include appropriate measurable post secondary goals based on an age-appropriate transition assessments? | Yes | No |

HIGH SCHOOL TRANSITION PLAN CHECKLIST TALLY

Completed by _____

School System _____

Date _____

of Student's whose plans were reviewed by System _____

of "Yes" responses to Question C.2. Plan _____

% of Students whose plans include "appropriate measurable post secondary goals" _____ % $\frac{\#2}{\#1}$

Note:

a. Use this percentage as the reply to indicator EGS/ET #13.

Exception Rate = plans reviewed X 5% = _____ (i.e. this many "No" replies = a 5% exception rate)

Use the results of all questions with exception rates of 5% or more in development of a PIP.

A. When a purpose of the IEP meeting is the consideration of transition services:

| | | | | | | |
|----|-----|----|----|------|----|----|
| 1. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |
| 2. | LEA | | | TDOE | | |
| | Yes | No | NA | Yes | No | NA |
| 3. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |
| 4. | LEA | | | TDOE | | |
| | Yes | No | NA | Yes | No | NA |

B. If the student is 16 (or younger, if appropriate), does the IEP include:

| | | | | | | |
|----|-----|----|--|------|----|--|
| 1. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |
| 2. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |
| 3. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |
| 4. | LEA | | | TDOE | | |
| | Yes | No | | Yes | No | |

HIGH SCHOOL TRANSITION PLAN CHECKLIST TALLY

Page 2

| | | | | | |
|----|-----|----|--|------|----|
| 5. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |
| 6. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |
| 7. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |
| 8. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |
| 9. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |

C. Agency responsibilities

| | | | | | |
|----|-----|----|----|------|----|
| 1. | LEA | | | TDOE | |
| | Yes | No | NA | Yes | No |
| 2. | LEA | | | TDOE | |
| | Yes | No | | Yes | No |

**Post-School Follow-up Survey
Demographic Data and Sample Table**

Telephone Survey

- 1) The list of exiting seniors
- 2) The telephone numbers and addresses for exiting seniors
- 3) Copy of transition page for each student
- 4) Type of disability
- 5) Type of diploma
- 6) Teacher and school
- 7) Parent names

Number to Survey

| <u>Exiting Seniors</u> | <u>Number to Survey</u> |
|------------------------|-------------------------|
| 1 - 50 | All |
| 51 - 100 | 51 - 55 |
| 101 - 200 | 60 |
| 201 - 400 | 75 |
| Over 400 | 80 |

LEA should obtain a list of all special education exiters. Conduct a proportional survey by ensuring that there is a sample representation of specific disabilities at the same percentage rate which occurs in the list of seniors. Choose every 5th student in each disability category until percentage is reached.

**Post-School Follow Up Survey
INSTRUCTIONS**

1. Conduct a student file review to obtain demographic data prior to the interview.
2. If unable to contact student or family at phone number listed on the form, try directory assistance. If no phone number can be obtained, write "no phone number" at the bottom of the record review sheet.
3. Use appropriate language for the audience. The wording of questions may be changed somewhat as long as it does not interfere with the meaning of the question. A friendly, conversational manner will help put the interviewee(s) at ease.

Hello, my name is _____. I am calling for the _____ school system. We are doing a survey of students who received special education services during the _____ school year. Would you take a few minutes to answer some questions? This information will be used to help improve services for students. All information will remain strictly confidential. No personally identifiable information will be revealed to anyone.

If NO, thank the student/family and write "Refused" at the bottom of the record review sheet.

If YES, verify the contact information and the year of exit recorded on the file review sheet.

In talking to families, it may be helpful if the student and a parent/guardian can be on the line during the interview. If another extension is not available ask that the other person sit nearby so questions can be discussed if necessary.

Use good judgment.

Remember that all personal information you obtain in the interview is confidential.

POST-SCHOOL FOLLOW UP SURVEY
(Completed in Year 2 of the monitoring cycle)

The purpose of this interview is to learn about your experiences in high school and about your current activities in areas related to employment, continuing education, independent living, and community involvement. The information will be used to plan high school programs to better prepare students for adult living.

Name of Student _____
(First) (Last) (Maiden)

Survey Conducted With _____ Student _____ Parent/Guardian _____ Student/Parent

Survey Conducted By: _____
(Name) (Position)

I. EMPLOYMENT

A. Do you currently have a paid job? _____ Yes _____ No

1. If YES, check job type most compatible

If NO, skip to Part B

- _____ Food Service _____ Retail store or grocery
- _____ Factory Work _____ Construction/building trades
- _____ Mechanical/Automotive _____ Office Work
- _____ Domestic/Janitorial _____ Sheltered Workshop
- _____ Laborer (lawn care, painting, handling materials, etc.)
- _____ Other (Describe) _____

2. How many hours per week do you work? _____

3. How long have you worked at your current job?

- _____ 6 months or less _____ 7-12 months
- _____ 13-18 months _____ 19-24 months
- _____ More than 24 months

B. Unemployed

1. If not employed, what are you doing?

_____ College _____ Two-Year _____ Four-Year _____ GED Program
 _____ Vocational/Technical Program _____ Volunteering
 _____ In an apprenticeship program _____ Attending a day program
 _____ Staying home and doing nothing _____ Looking for work w/help of an agency
 _____ Other (Please Describe) _____

2. Amount of time on last paying job?

_____ Less than 1 month _____ 1-3 months
 _____ 3-6 months _____ More than 6 months

Still Employed there? Yes / No

3. If No, Why did you leave the job?

_____ Laid-off _____ Did not like the job _____ Found a better job
 _____ Too difficult _____ Fired _____ Quit
 _____ Lack skills or ability to do the job _____ Return to school/ training
 _____ Other (Please Describe) _____

POST-SCHOOL FOLLOW UP SURVEY

II. POST-SECONDARY EDUCATION

A. Are you currently attending school? (Do not include sheltered workshops/Supported Employment)

_____ Yes _____ No

B. If YES, continue If No, skip to Section III

_____ Community College _____ Four-Year University _____ Vocational Tech Program

_____ Private vocational program (barber/beauty school, business school, etc.)

_____ Other (Please Describe) _____

C. Are you receiving any accommodations or support in your educational program?

_____ Yes _____ No

III. STUDENT INVOLVEMENT IN TRANSITION PLANNING

A. Were you involved in the planning and development of your High School Transition Plan?

_____ Yes _____ No

B. Did the activities and services of your transition plan help prepare you for life after leaving high school?

_____ Yes _____ No

C. Did you participate in the Work-Based Learning program while in high school?

_____ Yes _____ No

IV. COMMUNITY INVOLVEMENT

Are you involved in any recreation/activities? Such as:

| | | |
|-------------------------|----------------------------|-----------------------------------|
| _____ Church Activities | _____ Hanging with friends | _____ Go to movies |
| _____ Hobbies | _____ Computer/Internet | _____ Sports/Athletic Events |
| _____ Camping | _____ Mall | _____ Hiking |
| _____ Library | _____ Boating | _____ Drive around or ride around |
| _____ Fishing | _____ Hunting | |
| _____ Other _____ | | |

V. INDEPENDENT LIVING

A. Where are you currently living?

_____ Alone _____ Alone with Support _____ Parent/Guardian

_____ Spouse or Roommate _____ Group Home

_____ Other (Please Describe) _____

B. What are your future plans for your living arrangements?

_____ Alone _____ Alone with Support _____ Parent/Guardian

_____ Spouse or Roommate _____ Group Home

_____ Other (Please Describe) _____

POST-SCHOOL FOLLOW UP SURVEY

C. What daily activities do you perform independently?

_____ Shopping _____ Paying Bills/Banking _____ Driving/Accessing Transportation
 _____ Making Appointments, i.e. doctor, hair stylist, etc.
 _____ Other (Please Describe) _____

VI. OTHER INFORMATION

A. Are you receiving assistance from any agency in any way? Yes / No

If yes, indicate which:

_____ Adult Training Centers, i.e. Goodwill, Cerebral Palsy Center, etc.
 _____ Social Security Office _____ DMR _____ DMHDD
 _____ VR _____ Rehab Centers (Vocational) _____ College Disability Service Office
 _____ Other (Please Describe) _____

B. What type of job do you want to be doing in five years?

C. Do you feel your high school program prepared you for the challenges of adult living?

_____ Yes _____ No

D. If YES, which part of your high school program helped you the most?

POST-SCHOOL FOLLOW-UP SURVEY TALLY SHEET

Use this information to complete your response to indicator EGS/ET #14 in Year 2 of monitoring. Indicate how this information will be used to improve transition planning in your system.

School System: _____ School: _____ Date: _____

Total Number Interviewed: _____ Total Number Student Only Interviewed: _____
 Total Number Parent/Guardian Only: _____ Total Number Parent Assisted: _____
 Total Number Refused: _____

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### J. EMPLOYMENT

A. Number with paid job \_\_\_\_\_

1. Type of job

|                                                               |                                    |
|---------------------------------------------------------------|------------------------------------|
| _____ Food Service                                            | _____ Retail store or grocery      |
| _____ Factory Work                                            | _____ Construction/building trades |
| _____ Mechanical/Automotive                                   | _____ Office Work                  |
| _____ Domestic/Janitorial                                     | _____ Sheltered Workshop           |
| _____ Laborer (lawn care, painting, handling materials, etc.) |                                    |
| _____ Other (Describe) _____                                  |                                    |

4. Hours per week currently working \_\_\_\_\_

5. Length of time on your current job

|                           |                    |
|---------------------------|--------------------|
| _____ 6 months or less    | _____ 7-12 months  |
| _____ 13-18 months        | _____ 19-24 months |
| _____ More than 24 months |                    |

B. Unemployed

1. Non Work Activities

|                                      |                |                 |                                            |
|--------------------------------------|----------------|-----------------|--------------------------------------------|
| _____ College                        | _____ Two-Year | _____ Four-Year | _____ GED Program                          |
| _____ Vocational/Technical Program   |                |                 | _____ Volunteering                         |
| _____ In an apprenticeship program   |                |                 | _____ Attending a day program              |
| _____ Staying home and doing nothing |                |                 | _____ Looking for work w/help of an agency |
| _____ Other (Please Describe) _____  |                |                 |                                            |

3. Amount of time on last paying job:

|                         |                          |
|-------------------------|--------------------------|
| _____ Less than 1 month | _____ 1-3 months         |
| _____ 3-6 months        | _____ More than 6 months |

3. Reason for leaving the job

|                                            |                            |                                  |
|--------------------------------------------|----------------------------|----------------------------------|
| _____ Laid-off                             | _____ Did not like the job | _____ Found a better job         |
| _____ Too difficult                        | _____ Fired                | _____ Quit                       |
| _____ Lack skills or ability to do the job |                            | _____ Return to school/ training |
| _____ Other (Please Describe) _____        |                            |                                  |

## Post-School Follow-Up Survey Tally Sheet

### II. POST-SECONDARY EDUCATION

A. Number attending school \_\_\_\_\_  
 Number not-attending school \_\_\_\_\_

B. Type of School

\_\_\_\_\_ Community College      \_\_\_\_\_ Four-Year University      \_\_\_\_\_ Vocational Tech Program  
 \_\_\_\_\_ Private vocational program (barber/beauty school, business school, etc.)  
 \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

C. Number receiving accommodations or support \_\_\_\_\_

### III. STUDENT INVOLVEMENT IN TRANSITION PLANNING

A. Number involved in transition planning \_\_\_\_\_  
 B. Number prepared for life after high school \_\_\_\_\_  
 C. Number that participated in the Work-Based Learning \_\_\_\_\_

### IV. COMMUNITY INVOLVEMENT

Type of Recreation / Activities

|                         |                            |                                   |
|-------------------------|----------------------------|-----------------------------------|
| _____ Church Activities | _____ Hanging with friends | _____ Go to movies                |
| _____ Hobbies           | _____ Computer/Internet    | _____ Sports/Athletic Events      |
| _____ Camping           | _____ Mall                 | _____ Hiking                      |
| _____ Library           | _____ Boating              | _____ Drive around or ride around |
| _____ Fishing           | _____ Hunting              |                                   |
| _____ Other _____       |                            |                                   |

### V. INDEPENDENT LIVING

A. Total Number Currently Living  
 \_\_\_\_\_ Alone      \_\_\_\_\_ Alone with Support      \_\_\_\_\_ Parent/Guardian  
 \_\_\_\_\_ Spouse or Roommate      \_\_\_\_\_ Group Home \_\_\_\_\_  
 \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

B. Future living plans (in the next 5 years)  
 \_\_\_\_\_ Alone      \_\_\_\_\_ Alone with Support      \_\_\_\_\_ Parent/Guardian  
 \_\_\_\_\_ Spouse or Roommate      \_\_\_\_\_ Group Home \_\_\_\_\_  
 \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

C. Number and Type of Independent Daily Activities  
 \_\_\_\_\_ Shopping      \_\_\_\_\_ Paying Bills/Banking  
 \_\_\_\_\_ Making Appointments, i.e. doctor, hair stylist, etc.      \_\_\_\_\_ Driving/Accessing Transportation  
 \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

Post-School Follow-Up Survey Tally Sheet

VI. OTHER INFORMATION

- A. Number receiving assistance from any agency

\_\_\_\_\_
- B. Type of job hope to have in 5 years

\_\_\_\_\_
- C. Number that feel their high school program  
prepared them for adult life

\_\_\_\_\_

Please list what part of your high school program helped students the most

\_\_\_\_\_

\_\_\_\_\_

CPR for LEAs  
LOCAL STEERING COMMITTEE  
INVITEES

LEA \_\_\_\_\_

\_\_\_\_\_  
Name Position

\_\_\_\_\_  
Name Position

\_\_\_\_\_  
Name Position

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Name Position

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Name Position

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Name Position

CPR for LEAs  
LOCAL STEERING COMMITTEE  
PARTICIPANTS

LEA \_\_\_\_\_

\_\_\_\_\_  
Name Position

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Name Position

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Name Position

CPR for LEAs  
EXIT CONFERENCE AGENDA  
YEAR #1

- A.     Introductions: Chairperson, Priority Area Chairs and Other Guests
  
- B.     Brief Overview: Discuss The Basic Components of each Cluster, the Highlights of the Process, Etc.
  
- C.     Program Improvement Plan: Go over PIPs from each Priority Area and discuss documentation required to Support Actual Improvements.
  
- D.     Follow-Up: Discuss process to be followed for Year #2 and Year #3
  
- E.     Adjourn

CPR for LEAs  
Reunion Steering Committee Meeting  
Agenda  
Year #3

- I. Introduction
  
- II. Program Improvement Plan (PIP) Review
  - a. Actions Taken
  - b. Improvements Made (Summary)
  
- III. Next Steps?
  - a. Timeline (Year #1, #2, #3, and #4,)
  - b. Action needed to prepare for next cycle (Self Assessment)
  
- IV. Other Discussion